

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027317 ✓

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3665

FILED JUL 30 1962

VS 300  
Rev. 4/59

1

23528

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4 1

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9332X

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1257-0

13

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas CityLength of stay in 1b  
50 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION General HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)

a. STATE Missouri b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
3405 PASEOReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First Lydia

Middle E.

Last Robertson

## 4. DATE OF DEATH

Month July Day 11, Year 1962

5. SEX  
Female6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

9. AGE (last birthday)  
Dec 22 1882 79IF UNDER 1 YEAR  
Months Days Hours Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and state or country)

Chamois, Mo. U.S.A.

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

William D. Chapera

## 13b. MOTHER'S MAIDEN NAME

Bertha Flucht

## 14. NAME OF HUSBAND OR WIFE

Thomas J.

15. WAS DECEASED EVER IN U.S. ARMY FORCES?  
(Yes, no, unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

[Redacted]

## 17. INFORMANT

13 Thos J. Robertson 3405 Paseo

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

7-5-62

to

7-11-62

and last saw her

7-11-62

## Death occurred at

3:45 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

[Signature]

(Degree or title)

## 22b. ADDRESS

2400 Cherry

## 22c. DATE SIGNED

7-13-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

7/13/62

## 23c. NAME OF CEMETERY OR CREMATORY

Ridge Park Cem

## 23d. LOCATION (City, town, or county)

Marshall Mo.

## (State)

## 24. FUNERAL DIRECTOR

M. M. E. 1800 Linwood K.C.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

7-13-62

## 26. REGISTRAR'S SIGNATURE

Ruth N Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James E. Hackleman*

Licensed Embalmer No. 4573

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.